

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 07/08/2007		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 07/10/2007						
		FINANCIAL PAYER: NCDCMH						
PROVIDER		HIGH DENIAL	NUMBER OF		TWC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	8800	37	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8505	5	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	46	378	332
		8535	4	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH				
3404904	WESTERN HIGHLAN DS LME	8535	1	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH				
		0	0		0	1	2	1
3404910	PATHWAYS	5308	385	PRIOR AUTHORIZED UNITS EXCEED D				
		11	116	CLIENT NOT ELIGIBLE ON SERVICE DATE	2	700	7959	7215
		8654	79	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE				
3404912	CATAWBA COUNTYM ENTAL HEALT	79	3	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		191	1	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	6	563	557
		8599	1	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404913	MECKLENBURG COM ENTAL HEALT	8505	7967	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	1916	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	10457	10822	365
		11	253	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404916	CROSSROADS BEHA VIOAL HEAL	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404917	CENTERPOINT HUM AN SERVICES	8599	227	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8537	7	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	0	244	4179	3935
		143	6	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404919	GUILFORD CO MEN TAL HEALTNC	8505	537	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	164	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	836	2834	1998
		8536	73	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404920	ALAMANCE CASWEL L AREA MH D	21	39	DUPLICATE OF CLAIM-SYSTEM				
		79	9	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	1	55	2162	2107
		8599	6	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404921	ORANGE PERSON C HATHAM AREA	11	130	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8000	60	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	0	296	1545	1249
		143	31	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404922	THE DURHAM CENT ER	21	82	DUPLICATE OF CLAIM-SYSTEM				
		8599	41	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	28	212	1462	1250
		143	31	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404923	FIVE COUNTY MH	8505	447	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	63	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	532	960	428
		8599	11	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404925	SANDHILLS CENTE R FOR MH/DD	21	1325	DUPLICATE OF CLAIM-SYSTEM				
		8505	1137	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	6	2746	5967	3221
		8599	82	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE G MENTAL HL	8622	61	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
		8800	57	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	4	429	2831	2402
		8536	57	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404927	CUMBERLAND CO M HC	8599	11	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		79	4	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	17	119	102
		8505	2	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404930	JOHNSTON COUNTY MNTL HLTHC	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404931	WAKE CO HUM SVC BILLING OF	21	21	DUPLICATE OF CLAIM-SYSTEM				
		191	11	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	7	66	1004	938
		8599	10	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404933	SOUTHEASTERN CT R FOR MH/DD	21	441	DUPLICATE OF CLAIM-SYSTEM				
		8599	174	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	909	13159	12250
		191	86	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404934	ONSLow CARTERET BEHAV HEAL	8536	113	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		8599	93	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	398	1489	1091
		8534	47	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	THE BEACON CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	21	8	DUPLICATE OF CLAIM-SYSTEM				
		8599	2	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	10	11	1
3404939	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	2	2
3404941	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404942	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404943	ALBEMARLE MENTA L HEALTH CE	8935	32	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		21	22	DUPLICATE OF CLAIM-SYSTEM	34	99	384	285
		191	16	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404944	EASTPOINTE HUMA N SERVICES	21	11	DUPLICATE OF CLAIM-SYSTEM				
		8654	8	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE	1	31	5065	5034
		191	7	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				